



**Missouri Department of Health and Senior Services  
Missouri Radiation Control Program  
Out-of-State *Radioactive Materials* Registration Form**

**I. CONTACT INFORMATION:**

DATE: \_\_\_\_\_

USER NAME: \_\_\_\_\_

Requested start date for use \_\_\_\_\_ Stop Date \_\_\_\_\_ Duration of use \_\_\_\_\_

Location/Address of use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Description of Site: \_\_\_\_\_

\_\_\_\_\_

Description of Use: \_\_\_\_\_

\_\_\_\_\_

**II. RADIOACTIVE MATERIAL INFORMATION:**

Owner/Company Name: \_\_\_\_\_

Type of machine (i.e., XRF) \_\_\_\_\_

Model number: \_\_\_\_\_ Serial number: \_\_\_\_\_

NRC/AS license number: \_\_\_\_\_ State of license \_\_\_\_\_

Isotope: \_\_\_\_\_ Activity: \_\_\_\_\_ milliCuries

Date of last leak test: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_

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Send information to:

**Missouri Department of Health and Senior Services**

Missouri Radiation Control Program

P.O. Box 570 1617 Southridge Dr.

Jefferson City, MO 65102

Phone # (573) 751-6083 Fax # (573) 751-6158

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**DHSS/MRCP Use Only**

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_